

STATE OF MAINE

BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS

APPLICATION FOR LICENSE



Department of Professional and Financial Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522

TTY/HEARING IMPAIRED: (207) 624-8563

Fax Line: (207) 624-8637

email: kimberly.j.baker-stetson@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine 04345

LICENSURE OF LANDSCAPE ARCHITECTS

Landscape Architects can become licensed by one of the following three options:

- 1. Landscape Architect Registration Examination (LARE)**
- 2. Reciprocity with Licensure in Another State**
- 3. Reciprocity with Current CLARB Record**

APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION EXAM (LARE)

Applicant has not established licensure in any other jurisdiction. An application file shall consist of:

1. State of Maine Application
2. A Notarized Affidavit
3. School Transcripts - (If no degree was earned, please list the number of credits and the general field of study)
4. Employment Verification Form
5. Reference Letters
6. Criminal Records Check- Application and fee
7. Non-refundable Application Fee of \$100.00
(Make checks payable to, "Treasurer, State of Maine")

Once the application is complete,

8. Board Clerk will schedule personal interview* with the Board
9. Applicant approved/disapproved by Board
10. If approved, Applicant Scheduled for Examination
11. Applicant Sits for Sections C & E of the Examination - Board Proctored in June & December
Sections A, B & D are administered via CLARB through a testing company in April & August
12. Scores tracked and reported by the Board
13. Offer License to Applicants Who Successfully Complete the LARE **
14. Generate license number through License System
15. Applicant sent letter requesting to provide copy of seal with assigned number
& \$60.00 License Fee
16. Receive License Fee with Evidence of Seal
17. Activate License
18. Renew License on Annual Basis (\$60.00 renewal fee)

***PERSONAL INTERVIEW:** A 15 minute personal interview is required of all LARE applicants to determine if minimum qualifications have been obtained to qualify for examination. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. If approved, the Board Coordinator will notify applicant of approval. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

****Current rules state that the applicant must successfully complete the LARE within any three (3) year examination period or be subject to reapplication.**

APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH ANOTHER STATE

Applicant must be a current licensee of another state.

An application file shall consist of :

1. State of Maine Application
2. Non-refundable Application Fee of \$100
(Make checks payable to, "Treasurer, State of Maine")
3. School Transcripts (If no degree was earned, please list the number of credits and the general field of study)
4. Employment Verification Form
(Must verify a minimum of 2 years work experience under a licensed landscape architect; more if not degree)
5. Reference Letters
6. Criminal Records Check (\$15 fee included with application fee above)
7. Certificate of Good Standing from Current License State
(This certification should confirm exam scores)

Once the application is complete,

8. Board clerk will Schedule personal interview* with the Board
9. Applicant approved/disapproved by Board
10. Generate license number through License System
11. Applicant sent letter requesting applicant to provide copy of seal with assigned number \$60.00 License Fee
12. Receive License Fee with Evidence of Seal
13. Activate License
14. Renew License on Annual Basis (\$60.00 renewal fee)

***PERSONAL INTERVIEW:** A 15 minute personal interview is required of all reciprocity applicants to determine if minimum qualifications have been met. At this time the applicant brings a portfolio that includes samples which best portray the depth and scope of their work. If approved the Board Coordinator will notify applicant of approval. If the application is denied the Board Coordinator will notify the applicant of deficiencies determined by the Board.

APPLICATION FOR LANDSCAPE ARCHITECT LICENSE VIA RECIPROCITY WITH CLARB RECORD

Applicant is a current licensee of another state. The applicant files application through the Council of Landscape Architectural Registration Boards (CLARB). By utilizing CLARB the applicant is **not** required to appear before the Board for a personal interview.

An application file shall consist of:

1. State of Maine Application Pages 1 and 4 only
2. Non-refundable Application Fee of \$100.00
(Make checks payable to, "Treasurer, State of Maine")
3. Criminal Records Check (\$15 fee included with application fee above)
4. CLARB Record indicating Current License in Another State

Once the application is complete,

5. Generate license number through License System
6. Applicant sent letter requesting to provide copy of seal with assigned number & \$60.00 License Fee
7. Receive License Fee with Evidence of Seal
8. Activate License
9. Renew License on Annual Basis (\$60.00 renewal fee)

Mail To: 35 State House Station
Augusta, ME 04333-0035
Overnight Mail:
122 Northern Ave., Gardiner, ME 04345
TEL(207) 624-8522 **FAX**(207) 624-8637
TTY(207) 624-8563

DATE RECEIVED

For Office use Only:

Amount: _____

Check #: _____

Cash #: _____

Make checks payable to: "TREASURER STATE OF MAINE" ALL FEES ARE NON-REFUNDABLE

✓ **LICENSE TYPE:** ☐ **ARCHITECT** ☐ **LANDSCAPE ARCHITECT** ☐ **INTERIOR DESIGNER**

✓	TYPE OF APPLICATION	FEE
	EXAM (LARE)(ARE) 1447	\$100
	RECIPROCITY 1446	\$100
	NCARB * 1446	\$100
	CLARB ** 1446	\$100
	NCIDQ*** 1446	\$100
	LICENSE/RENEWAL FEE 1421 1422 1424	\$60/ \$60/\$60

INSTRUCTIONS: *National Council of Architectural Registration Boards (NCARB), **National Council of Interior Design Qualification (NCIDQ), and ***Council of Landscape Architectural Registration Boards (CLARB) applicants need only to complete pages 1 and 4 and have the organization forward your record to this office. All reciprocal applicants must complete all pages and have your transcripts forwarded to the office. Architect examinees with Intern Development Program (IDP) records must have NCARB forward their completed IDP record to this office.

NOTICE: This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

NAME:

LAST

FIRST

MI

DATE OF BIRTH: ____ / ____ / ____ **LEGAL RESIDENCE:** ____ CITY ____ STATE

MAILING ADDRESS: BUSINESS NAME _____

ST or P.O. BOX CITY STATE ZIP

PHONE: (____) _____ **(W)** **PHONE:** (____) _____ **(H)**

SOCIAL SECURITY #: _____

The following statement is made pursuant to the Privacy Act of 1974§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposed pursuant to 36 M.R.S.A §175 as authorized by the Tax Reform Act of 1975 (42U.S.C.§405(C)(2)(C)(I). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

1. If applying by reciprocity, with which state are you applying?
(Enclose Certificate of Good Standing) _____
2. Do you hold a license in any other state? ☐ YES ☐ NO
3. Have you ever had a license refused or revoked in any State? ☐ YES ☐ NO
4. If yes, Name of State: _____ Explain: _____
5. Have you ever been convicted of any crime by any court? ☐ YES ☐ NO
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

PAGE 2 - Practical Experience**Name in Full:**

Full Name & Complete Address Of Current Employer	Dates of Employment Give Month & Year	Total Time Employed		General Practice	Teaching & Research	Public Service	Other - Explain*
		Part* Time	Full Time				
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						
	To						
	From						

*If part-time work is noted, state average number of hours per week. ** If "other" kinds of work are noted, describe.

PAGE 3 - Education

Name in Full:

Colleges, Universities, Technical Schools	Dates of Attendance (From – To)	Degrees

** Reciprocal and exam applicants please attach an official copy of your transcript**

REFERENCES

Name three professionals who are personally acquainted with your abilities, experience and performance. Please make sure addresses are complete and current.

1

2

3

PAGE 4 - Signatures

Name in Full:

Affidavit & Notarization	
The undersigned, being duly sworn, upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.	

	Signature of Applicant
State of:	
County of:	

<p>I, _____, a Notary Public in and for said County , in the State aforesaid, DO HEREBY CERTIFY that</p> <p>_____</p> <p>Personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.</p> <p>_____</p> <p>GIVEN UNDER MY HAND AND NOTARIAL</p> <p>THIS DAY OF / /</p> <p>NOTARY PUBLIC</p> <p>MY COMMISSION EXPIRES:</p> <p>_____</p> <p>NOTARIAL SEAL</p>	<p>AFFIX PHOTO HERE (BUST ONLY)</p>
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VERIFICATION OF EMPLOYMENT FORM

NAME OF APPLICANT _____

ADDRESS _____

IS/WAS EMPLOYED BY _____

DATES FOR EMPLOYMENT:

FROM _____ TO _____ FULL TIME _____ PART TIME _____

POSITION _____

AREA OF EXPERIENCE:

DESIGN _____
WORKING DRAWINGS _____
SPECIFICATIONS _____
OTHER _____

PROFESSIONAL ADMIN _____
BUILDING-ENGINEERING _____
TEACHING OR RESEARCH _____

SIGNATURE _____ DATE _____

TO BE FILLED OUT BY EMPLOYER

DATES OF EMPLOYMENT ARE CORRECT _____ AREA OF EXPERIENCE IS CORRECT _____

PLEASE INDICATE YOUR OPINION OF THE APPLICANT'S POTENTIAL TO PRACTICE ARCHITECTURE/LANDSCAPE ARCHITECTURE BY PLACING AN "X" IN THE APPROPRIATE SPACE BELOW:

PRACTICAL EXPERIENCE:
EXCELLENT _____ SATISFACTORY _____ UNSATISFACTORY _____

COMMENTS: _____

PROFESSIONAL COMPETENCE:
EXCELLENT _____ SATISFACTORY _____ UNSATISFACTORY _____

COMMENTS: _____

FIRM NAME _____ POSITION IN FIRM _____

SIGNATURE _____ DATE _____

NAME PRINTED _____

PLEASE MAIL THE COMPLETED FORM TO: MAINE BOARD FOR LICENSURE OF ARCHITECTS LANDSCAPE ARCHITECTS & INTERIOR DESIGNERS, 35 STATE HOUSE STATION, AUGUSTA, ME 04333



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS
AND INTERIOR DESIGNERS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

FEE: \$15

(You may pay with **one** check that includes both the license fee **and** the criminal records check fee.)

CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee.

PRINT IN INK ONLY

Name: _____
Last First Middle

Complete Mailing Address: Street/P O Box _____

City/State/Zip _____

Social Security/Federal I.D. #: _____

Date of Birth: _____

All other names used: _____



PRINTED ON RECYCLED PAPER
(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8522 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME: _____

—

ADDRESS: _____

PHONE: () _____ **SOCIAL SECURITY #**

ACCOMMODATIONS REQUESTED FOR THE
_____ EXAMINATION.

(CHECK ALL THAT APPLY):

- ☐ ACCESSIBLE TESTING SITE
- ☐ SEPARATE TESTING AREA
- ☐ BRAILLE
- ☐ LARGE PRINT
- ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/ANANUESIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (SPECIFY): _____
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): _____
- ☐ OTHER _____

COMMENTS: _____

SIGNED: _____ **DATE:** _____

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION
(see reverse)



OFFICE PHONE: (207)624-8521

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity as
a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ TAPED TEST
- ☐ LARGE PRINT TEST
- ☐ READER
- ☐ SCRIBE/AMANUENSIS
- ☐ EXTENDED TIME:
- ☐ TIME-AND-A-HALF
- ☐ DOUBLE TIME
- ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY)
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY):

OTHER (PLEASE SPECIFY): _____

SIGNED: _____ TITLE: _____

DATE: _____ LICENSE # (if applicable): _____



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TEL: (207) 624-8603
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GOVERNOR

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DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.
Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

[] Visa [] MasterCard _____
_____ **Card number**

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____
_____/____/____

Date:

(207) 624-8522


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(207) 624-8563 (HEARING IMPAIRED)

FAX: (207) 624-8637